

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>1-27-05</u>		2 Serial/Patent # <u>10/658,789</u>	
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3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/> Filing			\$
<input type="checkbox"/> Amendment			\$
<input checked="" type="checkbox"/> Extension of Time	—	9-2-04	\$ 1005.
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$
			7 TOTAL AMOUNT OF REFUND
			\$ 1005.

10 REASON:	8 TO BE REFUNDED BY:							
<input type="checkbox"/> Overpayment	<input type="checkbox"/> Treasury Check							
<input type="checkbox"/> Duplicate Payment	<input checked="" type="checkbox"/> Credit Deposit A/C #:							
<input checked="" type="checkbox"/> No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>1</td><td>9</td><td>--</td><td>2</td><td>1</td><td>1</td><td>2</td> </tr> </table>	1	9	--	2	1	1	2
1	9	--	2	1	1	2		
<u>P.D.T. filed late.</u>								

11 REFUND REQUESTED BY:	
TYPED/PRINTED NAME: <u>Andrea Smith</u>	TITLE: <u>Pats. Exam.</u>
SIGNATURE: <u>[Signature]</u>	PHONE: <u>703-571-2732</u>
OFFICE: <u>Off. of Petitions</u>	
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****	
APPROVED: <u>[Signature]</u>	DATE: <u>1/26/05</u>

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B